

**CITY OF CHICAGO
DIRECT PAY RATES**

EFFECTIVE JANUARY 1, 2006, UNLESS INDICATED OTHERWISE

**FOR FIREMEN
FINAL 10/18/2005**

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
BLUE CROSS BLUE SHIELD PPO	\$388.64	\$703.42	\$1,041.36
BLUE CROSS BLUE SHIELD POS	\$350.64	\$635.40	\$944.85
HMO			
BLUE ADVANTAGE HMO	\$269.47	\$518.98	\$801.69
UNICARE HMO PERFORMANCE	\$293.00	\$611.09	\$856.91
ALTERNATIVE COVERAGE	\$160.05	\$320.10	\$480.16
BLUE CARE DENTAL HMO	\$12.17	\$23.64	\$38.90
COMPENT PPO	\$18.13	\$35.36	\$61.65
VISION	\$3.00	\$6.00	\$10.01

For Firemen

**CITY OF CHICAGO
DIRECT PAY RATES**

EFFECTIVE APRIL 1, 2006, UNLESS INDICATED OTHERWISE

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO	\$377.03	\$683.69	\$1,014.95
BLUE CROSS BLUE SHIELD BLUE EDGE HCA	\$346.16	\$628.75	\$938.71
HMO			
BLUE ADVANTAGE HMO	\$269.47	\$518.98	\$801.69
UNICARE HMO PERFORMANCE (04-06/2006)	\$291.19	\$607.32	\$851.63
UNICARE HMO PERFORMANCE (07-12/2006)	\$278.35	\$580.54	\$814.07
BLUE CARE DENTAL HMO	\$11.81	\$22.94	\$37.75
COMPENT PPO	\$16.32	\$31.82	\$55.49

**CITY OF CHICAGO
DIRECT PAY RATES**

EFFECTIVE JANUARY 1, 2006, UNLESS INDICATED OTHERWISE

FOR ALL EXCEPT FIREMEN

FINAL 10/18/2005

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO	\$376.67	\$682.97	\$1,013.87
BLUE CROSS BLUE SHIELD PPO/HCA	\$345.80	\$628.03	\$937.63
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$124.30	\$245.87	\$425.82
HMO			
BLUE ADVANTAGE HMO	\$269.47	\$518.98	\$801.69
UNICARE HMO PERFORMANCE (01-06/2006)	\$291.19	\$607.32	\$851.63
UNICARE HMO PERFORMANCE (07-12/2006)	\$278.35	\$580.54	\$814.07
ALTERNATIVE COVERAGE	\$160.05	\$320.10	\$480.16
BLUE CARE DENTAL HMO	\$11.81	\$22.94	\$37.75
COMPENT PPO	\$16.32	\$31.82	\$55.49